North Carolina – Treatment Outcomes and Program Performance System (NC-TOPPS) Advisory Committee
July 28, 2005 Meeting Minutes

Attendees

Member/Representatives:

Kaye Auten	Piedmont Behavioral Health (PBH)
Sonja Bess	Mental Health Services of Catawba County
Sharon Garrett	Vision Consulting, LLC
Ginny Gorman/	
Becky Page	Southeastern Center for MH, DD & SAS
Eric Luttmer	Coastal Horizons Center, Inc.
Mary Jane McGill	Partnership for a Drug Free NC
Connie Mele	Mecklenburg County Area MH, DD, SA Authority
David Peterson/	
Laurie Scholl	Wake County Human Services
Andy Smitley	Sandhills Center for MH, DD & SAS
Janice Stroud	The Durham Center Providing Behavioral Health & Disability Services

Guests:

Margaret Clayton	Vance, Granville, Franklin and Warren
Carol Council	RTI
Kent Earnhardt	Advocate for Persons with Disabilities
Bob Hufham	Area Services and Programs
Franklin Ingram	SouthLight, Inc.
Erin Kennedy	Innovation Research and Training, Inc.
Densie Lucas	Cumberland County MHC
Christina Rausch	Private Contractor
Lori Thayer	Sandhills Center for MH, DD & SAS
Stephanie Weeks	Innovation Research and Training, Inc.

Staff:

Spencer Clark	Division of Mental Health Developmental Disabilities and Substance Abuse Services (DMHDDSAS)
Rayne Caudill	DMHDDSAS
Marie Kelley	DMHDDSAS
Tom Palombo	DMHDDSAS
Karen Eller	North Carolina State University's Center for Urban Affairs and Community Services (NCSU CUACS)
Jaclyn Johnson	NCSU CUACS
Kathryn Long	NCSU CUACS
Mindy McNeely	NCSU CUACS
Marge Cawley	National Development and Research Institutes, Inc. (NDRI)
Gail Craddock	NDRI

Meeting Convened

- Marge Cawley convened the meeting at 10:00 a.m. with self-introductions.
- Ginny Gorman noted that this was her last meeting as she is retiring. Becky Page, Southeastern Center's Director of Quality Improvement, will be filling her term for Southeastern Center.
- Mary Jane McGill, Quality Assurance, Partnership for a Drug Free NC, will be filling Ginny Mills' term. Ms. Mills is leaving Partnership.
- At the end of the meeting, Marge Cawley noted that Ms. Gorman and Ms. Mills were wonderful members. The group thanked them for their service and wished them well in their future endeavors. In addition, we look forward to working with Ms. Page and Ms. McGill.

April 28, 2005 Meeting Minutes Approved

SAMHSA's National Outcome Measures (NOMS)

- Spencer Clark led a presentation on the NOMS from the NOMS webpage, http://www.nationaloutcomemeasures.samhsa.gov/welcome.asp.
- He highlighted the 10 domains and related outcome measures for mental health and substance abuse treatment and prevention. The ten domains are:
    - o Abstinence
    - o Employment/education
    - o Crime and crime justice
    - o Stability in housing
    - o Access/capacity
    - o Retention
    - o Social connectedness
    - o Perception of care
    - o Cost effectiveness
    - o Use of evidence-based practice
- He noted time frames that were different from those in NC-TOPPS. He stated that we would most likely maintain our time frame standards plus add the ones in NOMS.
- He walked attendees through the site and the various state data that are available for public review.

LME and Provider Relationship - Provider Endorsement and MOA Discussion

- Marie Kelley, DMHDDSAS' LME System Performance Team, provided information on the endorsement of providers. A PowerPoint version is available from Marge Cawley, Cawley@ndri-nc.org, if you would like a copy.
- The following highlights information from the PowerPoint presentation. The following information is effective for all LMEs except Piedmont.
    - o Purpose of Endorsement is to assure that individuals receive Medicaid services and supports from providers that comply with State and Federal laws and regulations.
    - o Endorsement is a verification and quality assurance process using statewide criteria procedures based on the NC Commission on Mental Health, Developmental Disabilities and Substance Abuse Services Service Rules.
    - o The endorsement process provides the LME with objective criteria to determine the

competency and quality of Medicaid providers. On-site reviews will be conducted by the LME using standardized checklists provided by DHHS.
- o Transition Period dates
  - ▪ Transition Phase-in Period, targeted to begin August 1, 2005 and end in January 2007
  - ▪ All providers of new services will be conditionally endorsed for the transitional phase, August 1, 2005 through December 31, 2006.
- o The endorsement process for the phase-in period for service definitions will be rolled out in phases with 3 to 6 services per phase.
- o Services to be rolled out in August 1, 2005 – October 31, 2005 are: Community Support, Community Support Team, Diagnostic Assessment, Mobile Crisis, Intensive In-home and Multi-Systemic Therapy (MST)
- o Services to be rolled out in November 1, 2006 – January 31, 2006 are: Developmental Therapies, Assertive Community Treatment Team, Psychosocial Rehabilitation, Substance Abuse Comprehensive Outpatient Treatment, Targeted Case Management, and Partial Hospitalization
- o Services to be rolled out in February 1, 2006 – April 30, 2006 are: Substance Abuse Non-Medical Community Residential Treatment, Substance Abuse Intensive Outpatient, Substance Abuse Medically Monitored Community Residential Treatment, Day Treatment, Methadone Treatment and Facility-Based Crisis
- o Services to be rolled out in May 1, 2006 – July 31, 2006 are: CAP-MR/DD Waiver Service, Child Residential Treatment Services and Detox Services
- Other information provided includes who must be endorsed, where a provider must be endorsed (corporate site), when services must be endorsed and how endorsement will occur.
- For more information, visit the Division's website: http://www.dhhs.state.nc.us/mhddsas/ . Look for Provider Endorsement information on the main page and under the "Announcements and Communications Bulletins" link.

DSIS Update
- Tom Palombo, Division staff, provided an update on the Division's Decision Support Information System (DSIS). If you desire a copy of his handout, please contact Cawley@ndri-nc.org.
- The presentation provided:
  - o Awareness of the current and future capabilities and goals of DSIS
  - o Understanding of efforts in data cleansing through the use of multiple data sources and the unique ID called Common Name Data Service (CNDS) and
  - o Invitation to participate in a joint training effort to achieve an improved decision making system.

- Palombo discussed how DSIS is used now and how it will be used in the future.

DSIS Uses

Now	Future
Help in Division Data Warehouse data cleanup	Reduce redundancy
Help in local area program record keeping cleanup	Increase Assessment tracking between LMEs and providers
Increase data accuracy and accountability	Minimize missed mental health and substance abuse Assessments
Timely and flexible reporting via the web	Increase State and consumer awareness to high risk and potential treatment needs
Increase cross-Division resource capabilities via the use of the CNDS id	Increase public awareness reports via the web
Cross-walk Performance Core Indicators with multiple information sources	Increase LME and provider ad-hoc aggregated reporting capability

- Palombo provided example uses of DSIS, discussed upcoming training sessions and provided division contacts.
- For further updated information, please visit the DSIS web page: https://www.ncdmh.net/dsis/

DRAFT Flowchart Showing CDW, NC-TOPPS and COI Reporting Requirements
- As a follow-up to Palombo's presentation, Spencer Clark shared a draft flowchart showing where reporting requirements fit within the service provision process. If you desire a copy of the flowchart please contact Cawley@ndri-nc.org.
- He walked attendees through the flowchart and elicited their feedback as to how to improve the flowchart. Members pointed out where clarification was needed.

Training Update
- Mindy McNeely shared that 261 individuals were trained at the two trainings sessions provided on July 12 and July 14. On July 12 in Hickory 124 individuals attended one session. On July 14 in Raleigh 137 individuals attended one of two sessions.
- She noted that the July 1, 2005 NC-TOPPS Implementation Guidelines were shared with attendees at these training sessions.
- She discussed that a similar training will be provided in October. Starting in the spring, training will focus on how to use NC-TOPPS data.

NC-TOPPS July 1, 2005 Roll Out
- Mindy McNeely shared a handout that displays the growth in the number of online NC-TOPPS Assessments from January through June 2005 and the decline in the number of paper NC-TOPPS Assessments. (If you desire this handout, please contact Cawley@ndri-nc.org.)
- During the month of January 671 online Assessments were received compared to

3,174 in June. For the same period, 2,035 paper Assessments were received in July compared to 1,281 in June.

- McNeely briefly discussed what have been the most frequently asked questions. Some of these include the need for a Consumer Consent form, how to handle consumers who refuse to participate in completing a NC-TOPPS, and the exclusion of DD consumers.
- Attendees took the opportunity to share and discuss issues they have heard in the field as well as concerns they have encountered in implementing NC-TOPPS.   In particular, there was discussion on defining labor force and employment. Concern was expressed that clinicians may not be completing the employment items correctly.

Division Use of Outcome Reports

- Spencer Clark led a discussion on Division use of the feedback reports. He provided a PowerPoint handout of various ways he looked at the data. If you desire a handout, please contact Cawley@ndri-nc.org.
- The title of this presentation is "NC-TOPPS Selected Substance Abuse Target Population Profile Variables and Outcomes of Interest SFY 04-05 YTD (7/1/04 – 3/30/05). He reviewed the following substance abuse target populations: adult high management; adult and adolescent DWI treatment; adult injection drug users (IDUs); MAJORS; adult Treatment Alternatives for Safer Communities (TASC) and CASAWORKS.
- He reviewed the number of Initial Assessments, 3-month Updates, 6-month Updates, annual Updates and Discharges or Transfers by the above noted target populations. He also provided tables on primary substance problem, abuse of alcohol and marijuana, abuse of cocaine, heroin & opiates, substance testing results for those in treatment, tobacco use, employment, risky behaviors, use of emergency/crisis services and other variables at 3-month in-treatment.
- As noted in the past, the data in the annual reports lead to further questions and data analysis.

Future of NC-TOPPS

- Clark briefly discussed future tasks. The first task will be determining the mental health target populations that reports will be created for.
- Performance Agreements were briefly discussed also. The same requirements that we had for SFY 2005 will be used for this fiscal year.

Other

- None

Wrap Up and Adjournment

- The meeting was adjourned at 2:35 p.m. The next meeting is scheduled for October 28, 2005 from 10 a.m. to 3 p.m.